

LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES March 8, 2007



MEMBERS PRESENT	MEMBERS PRESENT (CONT.)	PUBLIC (CONT.)	OAPP/HIV EPI STAFF
Carla Bailey, Co-Chair	Wendy Schwartz	Keesha Effs	Chi-Wai Au
Anthony Braswell, Co-Chair	James Skinner	Lisa Fisher	Kyle Baker
Ruben Acosta/Chris Villa	Gilbert Varela	Susan Forrest	Angela Boger
Al Ballesteros	Kathy Watt	Idabelle Fosse	Maxine Franklin
Diana Baumbauer	Jocelyn Woodard/James Smith	Veronika Geronimo	Terina Keresoma
Carrie Broadus		Christen Gibson	True Pawluck
Mario Chavez		S. Joanne Granai	David Pieribone
Whitney Engeran	MEMBERS ABSENT	Shawn Griffin	Jacqueline Rurangirwa
Hugo Farias		Miki Jackson	Lanet Williams
Douglas Frye	Daisy Aguirre	Gabriela Leon	Dave Young
David Giugni	Nettie DeAugustine	Ted Liso	
Jeffrey Goodman	William Fuentes	David Martins	
Richard Hamilton	Anna Long	Victor McKamie	COMMISSION
Precious Jackson	Peg Taylor	Manual Negrete	STAFF/CONSULTANTS
Michael Johnson/Elizabeth Mendia	Fariba Younai	Brenda Padilla	Virginia Bonila
Jan King		Ric Parish	Miguel Fernandez
Lee Kochems		Jane Price	Jane Nachazel
Brad Land/Dean Page	PUBLIC	Sunnie Rose	Glenda Pinney
Davyd McCoy		Jill Rotenberg	Doris Reed
Ruel Nolledo	Cinderella Barrios-Cernik	Natalie Sanchez	James Stewart
Quentin O'Brien	Anthony Bongiorno	Deya Smith	Craig Vincent-Jones
Everardo Orozco	Joe Cadden	Herbie Taylor	Nicole Werner
Angélica Palmeros	Sharon Chamberlain	Tania Trillo	
Gloria Pérez	Phil Curtis	Tache Williams	
Mario Pérez	Thanh Doan	Patricia Woody	

- 1. CALL TO ORDER: Mr. Braswell called the meeting to order at 9:10 a.m. Quorum achieved by 9:15 am.
 - **A. Roll Call (Present)**: Acosta, Baumbauer, Braswell, Chavez, Frye, Giugni, Goodman, Hamilton, King, Land, Mendia, Nolledo, O'Brien, Mario Pérez, Schwartz, Skinner, Watt

2. APPROVAL OF AGENDA:

MOTION #1: Approve the Agenda Order (Passed by Consensus).

3. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the minutes from the February 8, 2007 Commission meeting (Passed by Consensus).

4. PARLIAMENTARY TRAINING: There was no report.

5. PUBLIC COMMENT, NON-AGENDIZED:

- Mr. Taylor, Chairman, Life Group LA Committee on HIV and Aging, provided flyers for the group's first event on March 21st. Activities are targeted to reach out to long-term survivors and the mature, newly diagnosed. He noted that LA's cultural emphasis on youth can be isolating. This is the first LA group to focus on this expanding demographic.
- Ms. Sanchez announced that El Proyecto del Barrio in Panorama City would host the California Statewide Treatment Education Program Basic Training in Spanish on April 12th and 13th. Case managers, health educators and treatment advocates can all benefit. Registration forms were available. People can also register online at www.cstep.org.
- Ms. Trillo said Pals for Health is a not-for-profit language services agency that provides healthcare interpretation, translation and training. OAPP funds training services for bilingual HIV/AIDS service providers. The next training will be in May.
- Keesha Effs, Jamaican Commonwealth Youth Ambassador for Positive Living, said she has worked with HIV/AIDS and sexual health issues for 13 years. Her special concern is HIV+ children. Mother-to-child transmission, while decreasing in Jamaica, is still a problem. Ms. Effs works with Mustard Seed Communities, the largest Catholic organization in the area. It currently cares for 85 HIV+ children. She is here to network and learn, attending seminars and workshops, and studying social and behavioral change models. HIV/AIDS is not only a health issue, she said, but a global development one that links all communities. She thanked Ms. Nachazel for extending support on behalf of the Commission and inviting her today.

6. COMMISSION COMMENT, NON-AGENDIZED:

- Mr. Land said he had found an error in the Ramsdall Corporation's program for ADAP enrollment. It calculates according to federal adjusted gross income that uses all qualifying factors, including deduction of Social Security under a certain dollar amount. He noted that he had sent a letter to the Executive Director to be referred to the State regarding the matter. It increases share-of-cost for a Medi-Medi eligible individual to about \$14,400 per year. He will keep the Commission updated.
- Mr. O'Brien announced that the Los Angeles Gay and Lesbian Center has hired a new director for crystal meth recovery services. There are now a variety of group and individual interventions available. Information is on www.lagaycenter.org.

7. PUBLIC/COMMISSION COMMENT FOLLOW-UP:

- Mr. Vincent-Jones said that, per the Commission's request, attendance would be on this month's Operations agenda.
- He continued that the requested letters supporting Commissioner participation to members' agencies/employers are being completed. He asked Commissioners who would like letters sent on their behalf to advise him, Ms. Bonila or Ms. Werner.
- He noted that Statements of Economic Interest were due for all Commissioners who have been on the Commission during the past year. There are applicable LA County and state fines if they are not submitted.
- He thanked SPN Coordinators for their participation and noted there is a report section for them on the agenda.

8. CO-CHAIRS' REPORT:

- Mr. Braswell reported that Robert Butler had resigned from the Commission effective immediately. He thanked him for his commitment and passion.
- He welcomed new Commissioners Mssrs. Johnson and Kochems, and new alternates Ms. Mendia and Mr. Villas.
- Dr. Cadden updated information on the ACTG funding status. There was a December meeting with Fred Sattler, Luis Mendez and the directors at NIAD. They suggested that refunding the full grant was possible. The final decision will be received in April. The NIAD directors seemed unsure why the score was low as reviewer comments did not reflect significant deficiencies.
- The ACTG is operating with two provisional extensions that provide about 85% of grant funds until November 2008. Funding for most staff has been shifted to other grants or administrative areas, so there have been no significant layoffs.
- Contingency plans include developing a research consortium with other academic institutions across the country. Funding for
 that is being sought from pharmaceutical companies and other private sources.
- Funding for administrative support to the Rand Schoeder Clinic is being shifted away from research grant funding to ensure continued expanded access programs. Two new expanded access programs are beginning in March. The administrative support staff will all receive IRB training and will be able to assist with private research.
- In response to a question from Mr. Goodman, Dr. Cadden said the provisional status did not permit opening new studies. Existing studies are fully enrolled, so no new patients are being accepted at this time.
- Mr. Ballesteros asked if there was information on funding for other ACTGs. Dr. Cadden said he did not have information on reviews for other ACTGs that had lost funding, but none of the others were granted a similar meeting with NIAD. He said Dr. Sattler was pleased that the review of the application is being done on its merits.
- It was agreed that the Public Policy Committee would craft a letter for Board signature expressing appreciation to NIH for review of the funding decision, if it proves to be successful. Drs. Cadden and Sattler were invited to the next meeting to provide pertinent background. The Executive Committee will also continue to monitor the issue.

9. EXECUTIVE DIRECTOR'S REPORT:

A. HIV/AIDS Funding Trends Report: Mr. Vincent-Jones noted that the Board's motion to oppose the closure of the ACTG also requested a comprehensive HIV/AIDS funding trends report. OAPP and the Commission have completed their portions of the report and forwarded to the Department of Public Health for their input. It will be available for the April Commission meeting.

10. STATE OFFICE OF AIDS REPORT:

- Mr. Vincent-Jones said that organization charts for the California Departments of Public Health, Health Care Services and Health Services were included in the packet in response to a Commission request.
- Mr. O'Brien reported that the State had revealed that 54 ADAP eligibility letters were sent to the wrong recipients whose address' labels had been intermixed. Any recipient who received the wrong letter should destroy the letter and contact ADAP for the correct letter. The Office of AIDS took corrective action, and has transferred the employee responsible.
- Mr. Orozco said he received one of the letters. He called ADAP. The person he spoke with apologized many times. He has already received a registered letter with the correct information.
- Dr. Frye noted that the media confused the ADAP program with the HIV surveillance system. The two are not connected, and the same mistake could not have happened in the surveillance system, because it never contacts recipients.
- Ms. Palmeros said there were still delays with some Medi-Cal clients who are referred to ADAP. In a couple of her cases, people encountered interruptions of their medication. She has personally gone to the Medi-Cal offices in some cases.
- Mr. O'Brien said that his agency has also had to address this problem, and it is time-consuming to resolve. He noted it is a
 Medi-Cal, rather than Office of AIDS, issue. He suggests agencies document their cases so the Commission can better assess
 the situation.
- Mr. Land noted many people on Medicare in LA County would exceed their share-of-cost limits by October and would not have the resources to bridge the "donut hole". He recommended the Public Policy Committee address the subject now.
- Tt was agreed that the Public Policy Committee would review the Medi-Cal/Medicare situation.

11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

- Mr. Braswell thanked Mr. Pérez for the financial reports provided to the Commission in February.
- Mr. Pérez announced that the formula portion of the YR 17 award was received. It is slightly more than \$23.1 million. Because formula awards will not constitute two-thirds of the Part A award, and one-third for the competitive supplemental awards, there is a shift in formula funding from about 56.07% to 66%--resulting in a relative increase in formula funds of about 18.88%. The net increase to the LA County formula award was 26.6%. Compared to the increase in the size of the appropriations, LA County received an increase. The other EMA awards have been posted on the HRSA website and OAPP is studying them. The Part A supplemental award is expected around April 30th. A more detailed analysis can be done then. Information from the State on the Part B award is expected around April 1st. Minority AIDS Initiative (MAI) award information is expected in August.
- It is unprecedented to receive three separate awards in the cycle and creates a strain on OAPP in maintaining the system. The resources will support multiple year contracts that were already in place or contracts renewed by the Board on February 27th for March 1st or April 1st effective date. The effective date will depend on whether Part A or B funds are used. Contracts are being moved forward in order to maintain services. OAPP believes the awards will sufficiently fund the contracts. If there is a shortfall, the Board, the Chief Administrative Office and the Public Health Department are aware of the importance of the services and are committed to work with the situation for the best possible outcome. Mr. Pérez said he and Mr. Young have set aside the first week in May to work on the numbers together.
- On another subject, he noted the Therapeutic Monitoring Program (TMP) is almost completely supported by an appropriation by the State Office of AIDS. They have allocated viral load, genotype and phenotype vouchers to all the counties for the last several years. There have, however, been shortfalls in vouchers for the last two years. The State now allocates vouchers twice during the year: from July through December and from January through June. LA County exhausted its six-month allocation in November 2006. The State provided additional vouchers for viral load tests in early 2007. That allotment was used to shore up the shortfall from 2006. Dr. King has been in constant contact with the Public Health Laboratory. However, the best estimate is that \$500,000 will need to be invested in TMP through June 2007, primarily in viral load testing. There were only 147 vouchers left as of March 7th, which are likely to be exhausted in a few weeks. Funding sources are being assessed.
- Mr. Nolledo asked why there is a shortage of vouchers. Mr. Pérez said he felt there were three reasons. The \$4 million from the State is estimated to be half the statewide need. Utilization has increased locally. Other counties have also increased their utilization. Mr. Nolledo said APLA, LA Gay and Lesbian Center, AIDS Healthcare Foundation and San Francisco AIDS Foundation are requesting that the State increase its TMP budget by an additional \$4.7 million for the next fiscal year.
- Mr. Land asked what utilization standards were being advised. Mr. Nolledo said the request included a review of the system. Mr. Engeran said the \$4.7 million request amount was based on the pool of people and the quarterly viral load testing standard. Mr. Vincent-Jones added that the quarterly viral load standard is consistent with Public Health guidelines and

Commission standards of care. Genotype and phenotype tests are based on practitioner determinations, as are additional viral load tests.

- Mr. Pérez reported that a letter to providers has been drafted to encourage them to continue to process viral load requests for the Public Health Laboratory (PHL). OAPP will work closely with the director of the PHL to ensure there is no interruption in processing the specimens. A system is being arranged to reimburse the PHL New vouchers are also being printed. They will be allocated to providers as soon as they are available.
- Ms. Broadus asked about the MAI application. Mr. Pérez replied that historically the Part A application was thought to form the basis for both the supplemental award and the MAI award. MAI has now been teased out with its own guidance and application. The guidance has not been released yet, so work on the application is pending. There are some indications that there will be an emphasis on capacity building and services that enhance outcomes to populations of people of color. Consistent with the Commission's recommendations, OAPP looks to invest MAI funds in EIP, Medical Case Management and Oral Health, but those goals must be aligned with the guidance once it is received.
- Ms. Watt noted the room seemed glum considering how well the EMA had done with its formula award. She had spoken with other areas deeply concerned with maintaining services. It was agreed that, while not all awards have been received, this is a good outcome.
- Mr. Vincent-Jones complemented the advocacy efforts in Washington to get code-based data included in the estimates that are used for the formula award. OAPP, the Commission, providers, other active stakeholders and Susan White, the LA County advocate, all deserve thanks. He noted that supplemental awards are competitive based on jurisdictions' applications. Hold harmless, funded from supplemental funds, will kick in for EMAs losing large amounts and affect the total available.

12. HIV EPIDEMIOLOGY PROGRAM REPORT:

- Dr. Frye said the State Office holds a frozen block of coded cases that have been approved for use for the next three years.
- To date, 3,500 named reports have been collected. Of the 15,000 coded cases in the EMA's database, about 4,000 are matched, another 4,000 are matching which simplifies the investigation needed and 5,000 have not yet been matched.
- Reports continue to rise each month and work continues to increase reporting efficiency under the January 8th regulations.
- Ms. Broadus said the table in the epidemiology report no longer reflects No Identified Risk (NIR) prior to adjustment. She requested its return and asked how the Program works with the CDC to address that group. Since resources are targeted to numbers, she expressed concern about a statistical adjustment that may not reflect cultural realities. Women, especially women of color, often are listed as NIR.
- Dr. Frye replied that the data was included, though not in the pie charts. Some extrapolations like rates and redistributions were being deferred because this is an unstable reporting period. It will not be possible for the next year or two to assure that data are complete or representative, though data will improve over time.
- Both the Program and the CDC are very concerned with the NIR category. Cases are followed up and some people choose not to identify themselves. At the same time, in preparing statistics for a CDC African-American site visit, the NIR for recent diagnoses of African-American women in LA County was found to be 50%-60%. While the sheer number of cases has to be the primary concern now, a public health nurse was recently hired after a six-month search to focus on NIR.
- Ms. Broadus said surveillance generally focuses on behavior. She asked about other criteria. Dr. Frye replied that studies like the National HIV Risk Behavioral Survey include other demographics, e.g., they are now working on the high risk heterosexual portion of the study and looked at AIDS rates and poverty to identify geographic areas to investigate.
- Ms. Broadus said the Board has formed an advisory committee to address STDs among women of color. The PPC had a presentation on it and she suggested it would be helpful for the Commission.

13. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported that the colloquia presentation was on a collaborative study by Bienestar and Charles Drew University on HIV-Related Sexual Risk Behaviors of Latino Day Laborers. Married men were found more likely to participate in sex when solicited. She felt that could be due to greater financial obligations on their part. There was also significant drug and alcohol use, though it was not asked whether use was previous to or after the sexual encounter.
- The PPC has finished its component for the needs assessment.
- Jorge Montoya announced at the PPC that STD Programs has been charged with a social marketing campaign targeting women of color and MSMs, primarily in SPAs 4 and 6. At least three advisory group meetings for women of color have occurred. STD Programs is waiting for Board contract approval for the focus groups. All presentations and discussions from the meetings are on-line. Five Public Health Investigators, one Public Health Manager and an analyst to help with the formative research for the social marketing campaign have been added to the staff. Ms. Watt was at the MSM meeting and said that tool was complete. Ms. Broadus added there would be more on the women of color component at the 2nd District meeting.
- Prevention Plan activities are ongoing.
- Mr. Giugni said a work group would meet the next Thursday on the Annual Progress report for the CDC.

- Mr. Engeran suggested coordination with STD Programs since half of diagnosed syphilis cases are HIV+ and STDs are also
 affecting women of color and women.
- → Mr. Vincent-Jones said quarterly reports from the STD Program, as well as from ADPA and Department of Mental Health, had been discussed in the past. It was agreed to revisit that.

15. TASK FORCE REPORTS:

- **A.** Commission Task Forces: Ms. Watt said the HIV Drug and Alcohol Task Force will host a "A Day of Sex" seminar on April 4th. The seminar addresses sex addiction and HIV. It also offers training credits. Flyers were available.
- **B.** Community Task Forces: There were no reports.

16. SPA/DISTRICT REPORTS:

- Ms. Rotenberg announced the SPN #4 March 15th luncheon meeting, 12:00 noon to 3:00 p.m. at the JWCH Institute Sunset Boulevard offices. Mr. Vincent-Jones would be facilitating the SPN priorities- and allocation-setting provider forum. RSVPs are requested.
- Ms. Granai, SPN #1 Coordinator, announced their March 14th monthly meeting. The priority- and allocation provider forum will be on April 11th. Antelope Valley Hope Foundation will celebrate its 10th anniversary and 2nd annual awards banquet on March 17th. Flyers for these events and information on ad space for the banquet were available. The Foundation has acquired a new building with expanded space at 45127 10th Street West, Lancaster, CA 93534.
- Ms. Leon, SPN #7 Coordinator, reported that meetings are going well, but not all contracted providers are attending. The next meeting will be March 23rd at the AltaMed Corporate offices in the Citadel. They have not yet successfully formed a CAB.
- Ms. Price, SPN #6 Coordinator, invited everyone to their March 13th breakfast meeting at the Watts Healthcare Corporation.
- The SPN #3 priority- and allocation-setting provider forum will be March 15th, 9:30 a.m. to 12:30 p.m., at the new location for the AIDS Service Center, 909 South Fair Oaks, Pasadena, 91105. Telephone and fax numbers remain the same.

17. STANDING COMMITTEE REPORTS:

A. Priorities and Planning (P&P) Committee:

- 1. Year 17 Allocation Recommendations:
 - Mr. Land introduced the YR 17 priority- and allocation-setting recommendations, outlined in the accompanying PowerPoint presentation in the packet.
 - He reiterated the new Act has renamed Titles to Part A (previous Title I), Part B and so on. Hold harmless ensures an EMA cannot lose more than 5% of its 2006 formula funding through 2009. Quality Management is at the discretion of the Administrative Agency up to 5%, but Program Support has lost its 5% allocation. The Administrative Agency and Planning Council now share 10%, as opposed to 5% each.
 - Core Medical Services are now mandated to receive 75% of service dollars. This necessitated an adjustment of 6.6% from the original allocations to core medical services of 68.4%. To meet the 75% requirement, Medical Outpatient was increased by 6% and Oral Health Care by 0.6%.
 - Reductions to Ryan White allocations were determined based on priority rankings, service utilization and other sources of income. They are: Case Management, Psychosocial by 1.5% to 9.8%; Transportation by 1.0% to 1.9%; Nutrition Support by 1.0% to 1.1%; and Peer Support by 0.5% to 1.0%. Four services were zeroed out: Legal Services from 1.2%; Language Services from 0.7%; Child Care from 0.6%; and Permanency Planning from 0.1%.
 - Mr. Land pointed out that allocations are for Part A funds. Other sources, like NCC, may be used to support some services, although possible backfilling from NCC was not factored in since that is OAPP's/DPH's decision. The possibility of other funding was also considered, e.g., Peer Support retained a majority of its allocation as no other source of funding was identified. Service and cost-effectiveness were also considered, which resulted in the elimination of the child care allocation, since the contractor has withdrawn and only five families were served in the past year.
 - Discussions continue on how to address the defunded Program Support. The Planning Council budget is also being reviewed as part of the MOU discussions. Mr. Pérez clarified that the Administrative Agency is charged with determining what services receive formula or supplemental funds. OAPP is required for the first time in YR 17 to track spending of these separately.
 - Mr. Land said P&P recommended the SOC Committee consider merging the Medical Outpatient and Medical Specialty service categories into one standard. They also supported continued analysis and transition of Case Management services into a medical care coordination network.
 - Prior to discussion, Commissioners with Ryan White-funded agencies identified services at their respective agencies funded by the Ryan White program.
 - Ms. Broadus suggested the affiliation information be added to the matrix. Mr. Vincent-Jones agreed, but noted that it has to be spoken for the record as well.

- Mr. Pérez clarified for Mr. Hamilton that NCC and HOPWA fund Substance Abuse Residential services.
- Mr. Vincent-Jones clarified for Mr. Johnson that Legal Services provides legal counsel for public benefits, immigration, discrimination and landlord-tenant issues. Permanency Planning addresses custody arrangements.
- Ms. Broadus asked about the process. Mr. Land replied that this activity was part of the process begun last year. It reviewed allocation-setting in light of the new legislation and the 75% medical mandate.
- Mr. Nolledo asked if more categories could be added to core medical service. Mr. Vincent-Jones noted that HRSA has not yet made a determination regarding Case Management, Psychosocial. Mr. Land reported that the P&P Committee did not interpret psychosocial case management as part of core medical services, as interpreted from the legislation and without any further HRSA guidance, although Case Management, Medical was included in the core medical services definition.
- Mr. Curtis, Director, Government Affairs, AIDS Project Los Angeles, said APLA's position was to include all services possible and let HRSA disallow them rather than self-censure. He related Congressional Report language from the House Energy and Commerce Committee that "provision of funds for Medical Case Management, including Treatment Adherence services, as a core medical service in Parts A, B and C shall include funding Case Management services that increase access to and retention in medical care. The Committee understands that such services often are or can be provided by a range of trained professionals, including both medically credentialled staff and other health professionals." He believes this supports Psychosocial and recommends revised recommendations.
- Mr. Pérez felt that Case Management Psychosocial does support medical care. Mr. O'Brien suggested that funds could be shifted from Psychosocial to Medical while definitional issues are resolved.
- Mr. Goodman said Dr. Green had explained that Case Management Medical was also provided within other service categories so the 0.7% allocation is deceptively small. He said it was important to remain within the framework even though HRSA guidance is incomplete. That adherence will benefit our YR 18 application.
- Mr. Engeran said that the two Case Management services are defined quite differently, so a simple shift of funds would not be transparent. He recommended following the process and investing in the additional process SOC had already begun to redefine the case management framework entirely. He added that LA County and the Commission supported the legislation that embodies a shift in emphasis. He supported the P&P recommendations. He reiterated that the process had been open to participation throughout and should be supported.
- Ms. Pérez asked if allocations could be delayed for further HRSA input. Mr. Land replied that the year had begun on March 1st.
- Ms. Precious Jackson felt cutting Child Care and Transportation would harm service to women.
- Ms. Broadus felt the paradigm of the greatest good for the greatest number harms women. Women are often diagnosed late in the disease and often leave treatment. She felt OAPP had undercut child care services by centralizing it. With reduced Transportation, utilization inevitably goes down because women cannot reach services. Women Alive has served over 40 families with children because child care is available on site. Consciously or not, she felt the priorities and allocations discriminated against women, so she could not support them.
- Mr. Hamilton disagreed that LA County and the Commission supported the reauthorization legislation. He felt it was more apt to say it was accepted as better than nothing. He felt this decision was much the same. The fight over Ryan White is over and he supported the recommendations as the best possible now. He felt, however, that the recommendations should return to P&P so areas of significant disagreement can be addressed. He added that it is critical to fight for better future legislation.
- Mr. Liso, Gateway Poz, encouraged new activism to raise the bar for supportive services like Peer Support.
- Mr. Land said the P&P is passionate and thorough. If the recommendations are returned, he asked what data will have changed or been added to affect the outcomes? Some choices, he noted, are inherently difficult.
- Dr. Varela noted the demographic is shifting toward women. He was concerned that reductions in Child Care and Transportation would limit access. He added that Child Care is provided at El Proyecto del Barrio. Mr. Land said the service has other funding. Mr. Pérez said OAPP has been concerned about utilization of Pathways services for a couple of years and attempted to help them expand. Pathways voluntarily gave up their contract February 28th. They have other State contracts, which reimburse at higher rates, and which current HIV clients can access.
- Mr. Johnson supported the recommendations, but noted there are often lines for legal assistance. Depression fuels legal needs, e.g., maintaining jobs or paying bills. He suggested providers be alert to issues with their clients.
- Mr. Smith said SPA #1 routinely faces problems and usually has just one provider for a service. Transportation is a particular problem. SPA #1 usually runs out of funds before year's end. He finds the situation unacceptable.
- Ms. Granai said SPA #1 has special needs due to geographic distances and extreme weather. Temperatures can range from 110+ in the summer and 10- in the winter. Buses run between 45 minutes and 2 hours apart. The area is also extremely conservative. Those considerations and factors, she felt, must be addressed.
- Ms. Padilla, Bienestar, supported maintenance of Psychosocial, Peer Support and Treatment Adherence services.

- Ms. Miki Jackson, AIDS Health Care Foundation, said it is better to be conservative in service definitions rather than risk severe cuts in future.
- Ms. Schwartz suggested supporting the recommendations while continuing to review child care needs.
- Dr. Varela asked if decisions can be revised as, e.g., additional awards are received. Mr. Vincent-Jones replied that these allocations will apply to all YR 17 funds, but the Commission has the authority to revise them at any time. Over time, however, options become more limited as funds are expended and modifications become impractical. He added that the priority ranking remains even when an allocation for it is zeroed out in a year, so the service will continue to be reviewed.
- Ms. Palmeros asked for a list of other Child Care agencies. Mr. Vincent-Jones said the Commission could only
 request an aggregate report. It is prohibited from reviewing specific providers.
- Mr. O'Brien asked if delay would affect services. Mr. Pérez replied that no contract adjustments would be made until the supplemental award is received. Any adjustments will be made May 1st.
- Dr. Frye said he felt the only decision was to accept the recommendations or reassess how narrowly or broadly the 75% is defined. He believes the process should be respected.
- Mr. Kochems asked how the vote would effect funding. Ms. Pérez felt no one wished to compromise funding coming into LA County. What is key is to ensure that the investment of resources supports a comprehensive HIV/AIDS care system consistent with Congressional and HRSA intent. Some areas, like Case Management and Language Services, are still debatable. The P&P Committee, he felt, has forged recommendations that get us closer.
- Mr. Ballesteros said he and others had been on the Commission a long time. Though there are honest disagreements at times, the Commission does the best it can with available information.
- Mr. Engeran said that, while he would not characterize the vote as a toss of the dice, there are triggers. The budget has to be reported at the beginning of the Ryan White program year and expenditures at the end. HRSA made it perfectly clear that they will hold the line on the legislation. Doug Morgan specifically said so.
- Mr. Farias said recommendations were based on the data that was available.

MOTION #3A (*Nolledo/Hamilton*): Refer Motion #3 back to the P&P Committee (*Failed: 12 Ayes; 14 Opposed; 1 Abstention*).

MOTION #3: Approve the Year 17 Allocations, as presented (Passed: 14 Ayes; 10 Opposed; 3 Abstentions).

- 2. *Systems Thinking Technical Assistance*: Mr. Land called attention to the invitation letter in the packet. Also in the packet was a reservation form, either for April 19-20 alone or for April 19-20 and May 17-18.
- 3. **Year 18 Priority- and Allocation-Setting**: The YR 18 priority- and allocation-setting timeline memorandum and diagram were in the packet. The annual pledge for Commissioner support of the process was in the packet. It is part of the Commission's quality assurance. It should be signed and handed in to staff.
- 4. Priority- and Allocation-Setting Training: Materials for the training after the Commission meeting were in the packet.

B. Public Policy Committee:

1. Name-Based HIV Reporting:

- Ms. Schwartz noted that Motions #4 and #5, now combined, are addressed in the memorandum in the packet. While the name-based HIV reporting legislation has been passed, it is critical to mature the surveillance system by December 2008. The action plan details provider and health authority steps concurrent with advocacy and State budget steps.
- Provider-related actions detailed are: increase passive (by the provider) reporting; health authority assistance to providers to ensure all clients are tested by 2007; health authorities compare provider test results with patient volume and assist providers with notable gaps; grantees ensure compliance with federal viral load testing standards; grantees consider a jurisdiction-wide target date for all clients in primary care to receive viral load tests; grantees consider mandating viral load tests at each client's next appointment until all jurisdiction clients are reported; health authorities enforce reporting requirements; grantees consider withholding reimbursement to recalcitrant providers.
- Health authorities should actively review which code-based cases do not require specific informed consent to reenter the data in the name-based system and encourage larger providers to assess the same of their clients.
- Mr. Engeran listed advocacy goals: partner with other large payment plans to ensure their providers capture the data; support legislation that permits CD4 reports as another name-based data source; educate consumers on the funding importance of data capture; support State budget increases to facilitate data collection.

2. State Budget Requests:

• Mr. Engeran identified State budget requests supporting the action plan: health authorities assess by April the statewide surveillance staff needed to mature the data system and advocate funding them in the "May revise"; advocate for an additional \$4 million in State TMP funding; advocate for State funds in the "May revise" to mitigate losses stemming from the Ryan White reauthorization.

• He noted that the six EMAs downgraded to TGAs are not eligible for Ryan White "hold harmless" protections. Mr. Vincent-Jones added that the EMAs remaining eligible for hold harmless could still lose funds.

COMBINED MOTIONS #4/5: Adopt the plan for addressing name-based HIV reporting goals in the State by December 2008 and approve the plan for three state budget requests (*Passed: 23 Ayes; 0 Opposed; 2 Abstentions*).

C. Operations Committee:

- Member Duty Statements: Introduced: Mr. Vincent-Jones reported that no public comments were received.
 MOTION #6: Adopt the proposed Title III Member Duty Statement, as presented (Passed by Consensus).
- 2. *Member Duty Statements: New*: Mr. Vincent-Jones said that due to technical difficulties the six remaining duty statements were not in the packet, and they would be e-mailed and posted if possible in advance of the next meeting.
- 3. *Membership Recruitment*: On behalf of the SPA #1 CAB, Ms. Granai asked whether or not it was sufficient for Native Americans to self-identify to fulfill the recruitment requirement. Mr. Vincent-Jones said that traditionally the Commission has only required self-identification. The new legislation defines Native American as a member of a federally recognized tribe, but there has been no guidance on additional identification requirements. Unless or until there is additional guidance, self-identification remains sufficient.

D. Standards of Care Committee:

- Mr. Braswell asked when the revised Case Management standards will come forward. Mr. Vincent-Jones said expected completion is February 2008, following a six-month community dialogue and a six-month standards process. Revised standards would be available for solicitation in YR 18. Initial review has begun. Several versions are being aligned.
- Mr. Braswell asked about the six-month comment period. Mr. Vincent-Jones replied that the committee felt it was appropriate since four standards are being comprehensively revised.
- Mr. Hamilton asked about community involvement. Ms. Palmeros replied that the Case Management Task Force had been invited to participate. There will also be presentations at all SPNs and consumer focus groups will be formed.
- Mr. Pérez commented that the timeline is appropriate for the enormity of the task and the significant shift locally that is to be expected from a new Case Management model. He suggested the Commission formally announces the process and invite stakeholders to the table to ensure that everyone feels part of the process.
- 1. *Medical Outpatient Rate Studies*: Ms Palmeros reported no new information.

18. COMMISSION COMMENT:

- Mr. Kochems noted that late last year the State Alcohol and Drug Program released an RFP for a crystal meth social marketing prevention program. Los Angeles County had advocated for the program but did not expect it to leave out African-Americans. Advocacy has begun to correct that error. Anyone interested can contact him.
- Ms. Baumbauer said Title IV (now Part D) is not under the same 75%/25% restrictions governing Title I (Part A). Since it focuses on women and children, its child care is not affected. They have not yet, however, received their guidelines and do not know how they will be interacting with other parts of Ryan White.

19. ANNOUNCEMENTS:

- Mr. Vincent-Jones noted there would be a lunch break before the training.
- Ms. Watt announced that APLA was hosting a Native American Awareness Day on March 22nd. Flyers were available.
- Mr. Land announced that it has been a pleasure co-chairing the P&P, but he had declined re-nomination. He will remain on the Commission. He was thanked for his service.
- Mr. Engeran announced that he has been confirmed as the Director of Prevention for AIDS Healthcare Foundation. He also
 introduced the new Deputy Director for Policy and Projects, Deya Smith.
- Mr. McCoy apologized for being less active since his brother's passing and thanked all who supported him while he
 recovered from his personal loss.
- Mr. Acosta said there is an opening in the LA Gay and Lesbian Center Positive Images program in SPAs #2 and #4. Interested individuals can find more information on the website or can e-mail him directly.
- Mr. Braswell thanked Mr. Butler in absentia for his years of dedicated service.

20. ADJOURNMENT: Mr. Braswell adjourned the meeting at 12:45 p.m.

A. Roll Call (Present): Acosta, Bailey, Ballesteros, Baumbauer, Braswell, Broadus, Chavez, Engeran, Farias, Frye, Giugni, Goodman, Jackson, Johnson, King, Kochems, Land, McCoy, Nolledo, Orozco, Palmeros, Mario Pérez, Schwartz, Skinner, Varela, Watt, Woodard

MOTION AND VOTING SUMMARY			
MOTION #1: Approve the Agenda Order.	Passed by Consensus	MOTION PASSED	
MOTION #2: Approve the minutes from the February 8, 2007 Commission meeting.	Passed by Consensus	MOTION PASSED	
MOTION #3A: (Nolledo/Hamilton) Refer Motion #3 back to the P&P Committee.	Ayes: Broadus, Women Alive Coalition; Hamilton, Minority AIDS Project; Jackson, , not affiliated; Kochems, not affiliated; McCoy, not affiliated; Nolledo, AIDS Project Los Angeles; O'Brien, LA Gay and Lesbian Center; Orozco, not affiliated; Palmeros, City of Pasadena; Gloria Pérez, not affiliated; Varela, El Proyecto del Barrio; Smith, not affiliated Opposed: Acosta, LA Gay and Lesbian Center; Bailey, not affiliated; Ballesteros, JWCH Institute; Baumbauer, Los Angeles Family AIDS Network: Braswell, not affiliated; Chavez, AIDS Service Center; Engeran, AIDS Healthcare Foundation; Farias, Common Ground; Giugni, not affiliated; Goodman, not affiliated; Johnson, not affiliated; Land, not affiliated; Schwartz, not affiliated; Skinner, not affiliated Abstention: King, Office of AIDS Programs and Policy	MOTION FAILED Ayes: 12 Opposed: 14 Abstention: 1	
MOTION #3: Approve the Year 17 allocations, as presented.	Ayes: Acosta, LA Gay and Lesbian Center; Bailey, not affiliated; Ballesteros, JWCH Institute; Baumbauer, Los Angeles Family AIDS Network; Braswell, not affiliated; Engeran, AIDS Healthcare Foundation; Farias, Common Ground; Giugni, not affiliated; Goodman, not affiliated; Johnson, not affiliated; Land, not affiliated; O'Brien, LA Gay and Lesbian Center; Schwartz, not affiliated; Skinner, not affiliated Opposed: Broadus, Women Alive Coalition; Hamilton, Minority AIDS Project; Jackson, not affiliated; Kochems, not affiliated; McCoy, not affiliated; Nolledo, AIDS Project Los Angeles; Orozco, not affiliated; Gloria Pérez, not affiliated; Varela, El Proyecto del Barrio; Woodard, not affiliated Abstentions: Chavez, AIDS Service Center; King, Office of AIDS Programs and Policy; Palmeros, City of Pasadena	MOTION PASSED Ayes: 14 Opposed: 10 Abstentions: 3	
the plan for addressing name-based HIV reporting goals in the State by December 2008 and approve the plan for three state budget requests.	Ayes: Acosta, Bailey, Ballesteros, Baumbauer, Braswell, Broadus, Chavez, Engeran, Farias, Goodman, Hamilton, Jackson, Johnson, King, Kochems, Land, McCoy, Nolledo, Orozco, Schwartz, Skinner, Varela, Woodard Opposed: None Abstentions: Giugni, O'Brien	MOTION PASSED Ayes: 23 Opposed: 0 Abstentions: 2	
MOTION #6: Adopt the proposed Title III Member Duty Statement, as presented.	Passed by Consensus	MOTION PASSED	